

**IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION**

FILED
RICHARD W. NAGEL
CLERK OF COURT

JAN 21 2025 4:12 P

U.S. DISTRICT COURT
SOUTHERN DISTRICT
OF OHIO COLUMBUS

BRIAN KETH ALFORD

CASE NO: 2:24-cv-04184

Plaintiff

V.

Judge Edmund A. Sargus

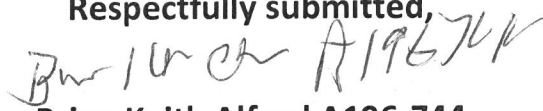
Annette Chambers-Smith, ET AL.,

Defendants.

NOTICE TO THE COURT

Plaintiff, in the above captioned case, has been treated for a life-threatening illness from December 7th, 2024 until present following admission to Ohio State University Wexner Medical Center on December 23rd, 2024. In addition, an Officer was murdered here at Ross Correctional Institution on December 25th, 2024 and the Institution had been on modified lockdown since that date. [see passes attached]. Therefore, Plaintiff request that this Court take judicial notice of the facts herein, and modify any orders issued between December 7th, 2024 to date and allow Plaintiff reasonable time to respond to any orders by the Court.

Respectfully submitted,


Brian Keith Alford A196-744

Ross Correctional Institution

P.O. Box 7010

Chillicothe, Ohio 45601

Plaintiff, *pro se*

Verification:

I hereby certify that the information contained herein is true and accurate under penalty of perjury pursuant to 28 U.S.C. 1746.


Brian Keith Alford A196-744

Plaintiff, *pro se*

1-16-25

INSIDE PASS ONLY

RCI

Report Time: 07:00 AM

Pass Date: 09-DEC-24

Last Name: ALFORD

Id: A196744

Lock: H1/A/139B

Job: PORTER 2

Destination: IHS *MANDATORY OPTOMETRY***

Issued By: MEDICAL - IHS

Issued By

Time

Dismissed By

Time

Inmate Signature

Time

Inmate Pass

| | | |
|--|---------------------|---------------------|
| Institution: Ross Correctional Institution | | Date: 5-7-24 |
| Inmate Name: Alford | | Inmate No.: 196-744 |
| Works: | Lock/Unit: 3B 123 | |
| Destination: mail Room | | |
| Time Issued: 7:49 am | Officer/Staff: Holt | |
| Time Released: | Officer/Staff: | |

Inmate Pass

| | | |
|--|----------------------------|---------------------|
| Institution: Ross Correctional Institution | | Date: 12/10/24 |
| Inmate Name: Alford | | Inmate No.: 196-744 |
| Works: | Lock/Unit: 1A | |
| Destination: IHS-1A | | |
| Time Issued: 11:25 am | Officer/Staff: [Signature] | |
| Time Released: | Officer/Staff: | |

Report Time: 11:30 AM

Pass Date: 12-DEC-24

Last Name: ALFORD

Id: A196744

Lock: H1/A/139B

Job: PORTER 2

Destination: IHS-LABS **DRINK PLENTY OF WATER** MANDATORY!!!

Issued By: MEDICAL - IHS

Issued By

Time

Dismissed By

Time

Inmate Signature


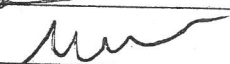
Time

Medical Services Treatment Pass

| | |
|---|------------------------|
| Institution: RCI | Name: Alford |
| Number: A190741 | Lock: 1A |
| 1. Start date of treatment: 12-10-2024 | |
| 2. Stop date of treatment: 12-15-2024 | |
| <input type="checkbox"/> B/P <input type="checkbox"/> 6:30 am <input type="checkbox"/> DSC <input checked="" type="checkbox"/> 8:00 am <input type="checkbox"/> TX <input type="checkbox"/> 10:00 am <input type="checkbox"/> LAB <input type="checkbox"/> 11:30 am <input type="checkbox"/> IM <input type="checkbox"/> 1:00 pm <input type="checkbox"/> X-Ray <input type="checkbox"/> 4:30 pm <input type="checkbox"/> EKG <input type="checkbox"/> 5:00 pm <input checked="" type="checkbox"/> Meds. <input type="checkbox"/> 8:00 pm <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Other: Cep | |
| 3. You are required to have identification in order to receive medication. Failure to honor this pass may result in disciplinary action. | |
| Nurse's Signature: _____ | |

7:48

Inmate Pass

| | | |
|--|---|--------------------------|
| Institution: Ross Correctional Institution | | Date: 12.16.24 |
| Inmate Name: Alford | | Inmate No.: |
| Works: | Lock/Unit: 1A | |
| Destination: IHS | | |
| Time Issued: 7:05 <input checked="" type="radio"/> am <input type="radio"/> pm | Officer/Staff:  | |
| Time Released: 8:04 <input type="radio"/> am <input checked="" type="radio"/> pm | Office/Staff:  | |

Officer: Detach this slip and retain for day issued. The inmate is at destination listed below.

| | | | |
|--------------|--------------|-------------|----------------|
| Inmate Name: | | Inmate No.: | |
| Destination: | Time Issued: | am | Time Returned: |
| | | pm | am |
| | | | pm |


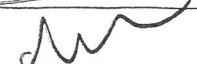
DRC 2041 (Rev. 4/00)

ACA 4180, 4181, 4182

12/16

Scatt

Inmate Pass

| | | |
|---|---|--------------------------|
| Institution: Ross Correctional Institution | | Date: 12.16.24 |
| Inmate Name: Alford | | Inmate No.: |
| Works: | Lock/Unit: 1A | |
| Destination: IHS | | |
| Time Issued: 12:00 <input type="radio"/> am <input checked="" type="radio"/> pm | Officer/Staff:  | |
| Time Released: 12:14 <input type="radio"/> am <input checked="" type="radio"/> pm | Office/Staff:  | |

Report Time: 01:00 PM

Last Name: ALFORD

Lock: H1/A/139B

Destination: IHS-DSC HAWK **MANDATORY** BRING CARRY MEDS!!

Issued By: MEDICAL - IHS

INSIDE PASS ONLY

RCI

Pass Date: 23-DEC-24

Id: A196744

Job: PORTER 2

Issued By _____
Time _____Dismissed By _____
Time _____Inmate Signature _____
Time _____

Pill Inc

Medical Services Treatment Pass

| | |
|------------------|-----------------|
| Institution: RCI | Name: Alford, B |
| Number: 1A | Lock: A196744 |

1. Start date of treatment: 12/16/24

2. Stop date of treatment: 12/18/24

| | |
|---|--|
| <input checked="" type="checkbox"/> B/P | <input checked="" type="checkbox"/> 6:30 am |
| <input checked="" type="checkbox"/> DSC | <input checked="" type="checkbox"/> 8:00 am |
| <input checked="" type="checkbox"/> TX | <input checked="" type="checkbox"/> 10:00 am |
| <input checked="" type="checkbox"/> LAB | <input checked="" type="checkbox"/> 11:30 am |
| <input checked="" type="checkbox"/> IM | <input checked="" type="checkbox"/> 1:00 pm |
| <input checked="" type="checkbox"/> X-Ray | <input checked="" type="checkbox"/> 4:30 pm |
| <input checked="" type="checkbox"/> EKG | <input checked="" type="checkbox"/> 5:00 pm |
| <input checked="" type="checkbox"/> Meds. | <input checked="" type="checkbox"/> 8:00 pm |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

3. You are required to have identification in order to receive medication. Failure to honor this pass may result in disciplinary action.

Nurse's Signature: M. Hawk APRN

DRC 5259 (3/99)

12-133

Inmate Pass

| | |
|-------------------------|-------------------|
| Institution: | Date: |
| Inmate Name: ALFORD, B | Inmate No: 196744 |
| Works: | Lock/Unit: 2A |
| Destination: Medical | |
| Time Issued: 12:00 am | Office/Staff: KE |
| Time Released: 12:45 am | Office/Staff: JW |

ALFORD, BRIAN KEITH
 CSN: 300198364317 MRN: 900465301
 DOB: 4/10/1957 (67 yrs)

INSIDE PASS ONLY

RCI

Report Time: 12:00 PM

Pass Date: 09-JAN-25

Last Name: ALFORD

Id: A196744

Lock: H2/A/132B

Job: PORTER 2

Issued By

Time

Dismissed By

Time

Issued By: MEDICAL - IHS

Inmate Signature

Time

INSIDE PASS ONLY

RCI

Report Time: 06:30 AM

Pass Date: 19-DEC-24

Last Name: ALFORD

Id: A196744

Lock: H1/A/139B

Job: PORTER 2

Issued By

Time

Destination: IHS-LABS ** DO NOT EAT BREAKFAST ** MANDATORY

Issued By: MEDICAL - IHS

Dismissed By

Time

Inmate Signature

Time